Office of the City Controller
City of Houston
Unclaimed Property Claim Form
For Business Owner

Mail completed form to:
Office of the City Controller
Attention: Johnnie Campbell
P.O. Box 1562
Houston, Texas 77251-1562

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Claimant is required to provide the city with sufficient documentation to establish Claimant's right to receive unclaimed property.

As the claimant for a business, attach documents supporting your position with the company/business giving you the authority to make a claim.

**Claimant Information** 

Business Name:		TPIN:		
Name:			DEPT:	
(last)	(first)	(Middle)	Doytima	
Address:			Daytime Telephone:	
City:		State:	Zip Code:	
E-mail Address: _			Fax Number:	
BUSINESS STATUS Check below to indicating your author	cate the curre	nt status of the busin	ness and attach the requested document	ation,
		IMITED LIABILITY our franchise tax repo	COMPANY: Attach a copy of last	public
A PROFESS	IONAL ASSO	CIATION OR NON-	PROFIT CORPORATION: Attach a coa copy of the Articles of Incorporation.	py of
AN PRIVA establishing your auth		ZATION, GROUP,	OR ASSOCIATION: Attach a doc	ument
SOLE OWNE			opy of your Assumed Name Certificat	e or a
Owner's Nan	ne:		SSN:	
A PARTNER security or FEI number			ship agreement including the names and	social

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XCEPTIONS heck If Applicable And Attach Copies Of Requested Documents	
BUSINESS IS:	
CLOSED: ttach a copy of the Articles of Dissolution (including Attachment A) or Corporate Liquidation for ed with IRS.	rm
NAME CHANGED / ASSUMED / MERGED: ttach a copy of the Change of Name Amendment or Assumed Name Certificate.	
PURCHASED / SOLD: Attach a copy of the Buy/Sell Agreement.	
Claimant Certification and Signature	
The named Claimant certifies that this claim for property presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim Claimant will indemnify and hold harmless the City of Houston, the Controller, and its employees from any damages, claims, or losses of any kind resulting from the payment of the property to the Claimant.	
Signature Date:	